

PERSONAL DATA SHEET

Bu	siness Name (dba)										
	CHOWNER, PART				PORATE	OFFICER OF TH	IIS BUSINES	SMUSTCOMPLE	ETE AND SIG	NAPERS	ONAL DATA	
	NAME (LAST, FIRST, M.I.)					MAIDEN NAME/ALIAS						
SO	SOCIAL SECURITY NO. * DATE OF BIRTH					SEX DRIVER'S LICENS			E NO.			
HOME ADDRESS (NO., STREET)					CITY			STATE ZIP				
HOI	ME PHONE NUMBER	C	CELL PHONE NUMBER EMAIL AD			DDRESS		TITLE	% OWNER			
(* PF	NOTECTED BY FEDERAL PRIVACY LAW		() //S AND STATE CONFIDENTIALITY REQUIREMENT									
1.	Full name of s	spouse										
2.	I or my spouse previously held, or now hold interest in the following licenses for sale of Lottery products as sole licensee, partner or corporation: (attach additional sheets if necessary)											
	RETAILER NUMBER STORE N		NAME				ADDRESS	DDRESS				
3	If you are no	YES NO YES NO YES NO Or do you have a Visa?						NO				
	Have you ever legally changed your name?											
	From to to											
5. Have you ever been known by any other names?												
J.	<u>.</u>					J						
6		List all misdemeanor or felony convictions, excluding only minor traffic offenses (include alcohol related convictions):										
Ο.	(attach additi	attach additional sheets if necessary)					· · · · · · · · · · · · · · · · · · ·					
	DATE	PLACE		CHARGE			DISPOSITION					
	DATE	PLACE		CHARGE				DISPOSITION				
7.		Has this business or have you individually ever been investigated or penalized by a state or federal agency? (For example:										
	violations inv	violations involving liquor, food stamps, tobacco, lottery, etc.)										
	If yes, attach explanation that includes the date, location, charge, disposition, and the government age involved.								agency			
8. Has this business or have you individually ever failed to pay any taxes, fees, or other obligations owed to the U.S. government, a state government, or any local governmental subdivisions?												
	If yes, attach explanation that includes date of default, type of tax or fee in default and date cleared.											
9.	Have you ever had any involvement in a personal or business bankruptcy or business in receivership?											
	☐ ☐ If yes, attach explanation.											
10	. Are there cur	•	•		•							
	If yes, attach reason for suit, plaintiff, amount(s) of uninsured potential damages.											
	WARNING: rejected if the	Rule 432.4 p e application	provides that t for a license (he Retailer's contains false	license e or mis	e may be imm sleading info	nediately s rmation.	uspended or l	revoked o	r its ren	ewal	
RE IS CC	AVE EXAMINED T LEASE OF ALL IN MY RESPONSIB INTRACT, DIREC	IFORMATION RE ILITY TO REPO	EGARDING MY P RT ANY CHANG	ERSONAL/BUS ES IN THE ABO	INESS CI	REDITAND CRII DRMATION. TA	MINAL HISTO CCEPT THA	ORYTOTHE MICH TANY VIOLATIO	HIGAN LOTT ON OF THE I	ERY. IUN LOTTER`	IDERSTAND IT	
SIG	NATURE								DATE			
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COMPLETION: Required. PENALTY: Denial of application.



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Bu	siness Name (dba)											
EAC	CH OWNER, PART	NER, PRINCIPAL NY ADDITIONAL			RPORATE	OFFICER OF TH	IIS BUSINES	SMUSTCOMPLE	ETE AND SIGN	IAPERS	ONALDATA		
	NAME (LAST, FIRST, M.I.)						MAIDEN NAME/ALIAS						
SOC	SOCIAL SECURITY NO. * DATE OF BIRTH					SEX DRIVER'S LICEN:			SE NO.				
HOME ADDRESS (NO., STREET)						CITY			STATE ZIP				
HON	ME PHONE NUMBER	CE	L PHONE NUMBER	₹	EMAIL AD	DRESS		TITLE			% OWNERSHIP		
()	()										
		AL PRIVACY LAWS AN											
	Full name of spouse I or my spouse previously held, or now hold interest in the following licenses for sale of Lottery products as sole licensee, partner or corporation: (attach additional sheets if necessary) RETAIL FR NUMBER STORE NAME STORE NAME ADDRESS												
	RETAILER NUMBER	STORENA	ME				ADDRESS						
3	If you are not	t a U.S. citizer	are volua	registered a	alien?	YES NO	or do vo	u have a Visa		NO			
	-	er legally chang	-	YES	NO		or do yo	a nave a visc	<i>a</i>				
ч.	•					40							
		From to											
5.	Have you ever been known by any other names? Give names												
6		List all misdemeanor or felony convictions, excluding only minor traffic offenses (include alcohol related convictions):											
Ο.	(attach additional sheets if necessary)				9 01119 11	,							
	DATE	PLACE	CHARGE					DISPOSITION	SPOSITION				
	DATE	PLACE		CHARGE				DISPOSITION					
7.	Has this business or have you individually ever been investigated or penalized by a state or federal agency? (For example: violations involving liquor, food stamps, tobacco, lottery, etc.) YES NO												
	If yes, attach explanation that includes the date, location, charge, disposition, and the government agency involved.								agency				
8.		Has this business or have you individually ever failed to pay any taxes, fees, or other obligations owed to the U.S. povernment, a state government, or any local governmental subdivisions?											
	If yes, attach explanation that includes date of default, type of tax or fee in default and date cleared.												
9.	Have you ever had any involvement in a personal or business bankruptcy or business in receivership?												
		If yes, attach	explanation.										
10. Are there currently any lawsuits pending against you or your business?													
	$\stackrel{\text{YES}}{\square}$ $\stackrel{\text{NO}}{\square}$ If yes, attach reason for suit, plaintiff, amount(s) of uninsured potential damages.												
	WARNING: Rule 432.4 provides that the Retailer's license may be immediately suspended or revoked or its renewal rejected if the application for a license contains false or misleading information.												
RE IS I	LEASE OF ALL IN MY RESPONSIB	HIS INFORMATION FORMATION REG ILITY TO REPOR TIVES, INSTRUCT	GARDING MY PI TANY CHANG	ERSONAL/BUS ES IN THE ABO	INESS CF	REDITAND CRIM DRMATION. TA	MINALHISTO CCEPT THA	RYTO THE MICH TANY VIOLATIO	HIGAN LOTTE ON OF THE L	RY. IUN	NDERSTAND IT		
	NATURE			23					DATE				

COMPLETION: Required. PENALTY: Denial of application.